Association of Soft Drink Consumption and Mortality

In this population-based cohort study, Mullee and colleagues examined whether soft drink consumption was associated with all-cause and cause-specific mortality. Data on participants came from the European Prospective Investigation into Cancer and Nutrition, an ongoing, large multinational cohort of people from 10 European countries. Results showed that greater consumption of total, sugar-sweetened, and artificially sweetened soft drinks was associated with a higher risk of all-cause mortality. Additionally, consumption of artificially sweetened soft drinks was positively associated with deaths from circulatory diseases, and consumption of sugar-sweetened soft drinks was associated with deaths from digestive diseases.

Treatments for Osteoporosis and Mortality Rates

Cummings and colleagues performed this meta-analysis of randomized placebo-controlled clinical trials of drug treatments, particularly treatment with bisphosphonates, for the prevention of fracture in patients with osteoporosis to assess whether these treatments were associated with reduced overall mortality rates. Included studies were clinical trials that were randomized and placebo controlled, studied drug treatments with proven antifracture efficacy, used agents at the approved dose for treatment of osteoporosis, and had a duration of 1 year or more. No significant association was found between all drug treatments for osteoporosis and overall mortality rate, and clinical trials of bisphosphonate treatment showed no significant association with overall mortality.

Health Care–Associated Infections After Hospital Move

For this time-series analysis, McDonald and colleagues studied changes in the rates of multidrug-resistant organisms and nosocomial infections after patients were moved from a hospital with ward-type rooms to one with 100% single-patient rooms. This was the largest hospital move in Canadian history. Results showed that compared with the 27 months before, during the 36 months after the hospital move, the move was associated with reductions in the incidence of nosocomial vancomycin-resistant Enterococcus and methicillin-resistant Staphylococcus aureus colonization and vancomycin-resistant Enterococcus infection. However, no change in nosocomial Clostridioides difficile or methicillin-resistant Staphylococcus aureus infections was noted. Hamilton provides the Invited Commentary.

Invited Commentary 1507

Animal and Plant Protein Intake and Mortality

In this cohort study of Japanese adults, Budhathoki and colleagues evaluated the associations between animal and plant protein intake and all-cause and cause-specific mortality. Participants were aged 45 to 74 years and had no history of cancer, cerebrovascular disease, or ischemic heart disease at study baseline. Dietary intake information was collected through a validated food frequency questionnaire and used to estimate protein intake in all participants. Results demonstrated that higher intake of plant protein was associated with lower total mortality and that substitution of plant protein for animal protein, mainly for red or processed meat protein, was associated with lower risk of deaths from circulatory diseases, and consumption of sugar-sweetened soft drinks was associated with deaths from digestive diseases.

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Asymptomatic Bacteriuria in Hospitalized Patients

For this cohort study, Petty and colleagues evaluated factors associated with treatment of asymptomatic bacteriuria among hospitalized patients and the possible association between treatment and clinical outcomes. Data on patients with asymptomatic bacteriuria were collected from 46 hospitals participating in the Michigan Hospital Medicine Safety Consortium. Factors associated with asymptomatic bacteriuria treatment included older age, dementia, acutely altered mental status, urinary incontinence, leukocytosis, positive urinalysis, and urine culture with a bacterial colony count greater than 100,000 colony-forming units per high-power field. Treatment of asymptomatic bacteriuria was associated with longer duration of hospitalization after urine testing.

Large-scale Expansion of Peritoneal Dialysis

Pravovorov and colleagues performed this cohort study of adults receiving long-term dialysis therapy to describe a system-level approach to expansion of peritoneal dialysis use and temporal trends in initiation and persistence of peritoneal dialysis. The approach included patient and caregiver education, education and support tools for health care professionals, streamlined system-level processes, monitoring, and continuous quality improvement. Results showed that initiation of peritoneal dialysis within the system increased higher than national trends, and for those who initiated peritoneal dialysis, it was continued 1 year after initiation, with a significant increase in age-, sex-, and race-standardized rates.

Out-of-Network Billing for Privately Insured Patients

In this analysis of a large national sample of privately insured patients, Sun and colleagues assessed out-of-network billing for patients treated through in-network hospital admissions and emergency department visits. Data were collected from the Clinformatics Data Mart database (Optum), which includes health insurance claims for individuals from all 50 US states. Results demonstrated that the incidence of out-of-network billing increased from 32.3% to 42.8% of emergency department visits, and the mean potential liability to patients increased from $220 to $628. For inpatient admissions, the incidence of out-of-network billing increased from 26.3% to 42.0%, and the mean potential liability to patients increased from $804 to $2040. Steinbrook provides an Editorial.

Forced Sexual Initiation and Health Outcomes in Women

For this cross-sectional, nationally representative study of American women aged 18 to 44 years, Hawks and colleagues estimated the prevalence of forced sexual initiation among US women and its association with subsequent reproductive, gynecologic, and general health outcomes. Participants self-reported forced vs voluntary first sexual intercourse and the age of themselves and the partner/assailant at first sexual encounter. Reported reproductive and gynecologic outcomes included having an unwanted first pregnancy or abortion, development of painful pelvic conditions, and other reproductive and general health measures. Results showed that forced sexual initiation appeared to be associated with multiple adverse reproductive, gynecologic, and general health outcomes after adjustment for demographic confounders. Huang and Gibson provide the Invited Commentary.